

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**  
**1600 OSGOOD STREET; SUITE 2035**  
**NORTH ANDOVER, MASSACHUSETTS 01845**



Phone: 978.688.9540

Fax: 978.688.8476

E-mail: [healthdept@northandoverma.gov](mailto:healthdept@northandoverma.gov)

**FOOD ESTABLISHMENT PERMIT APPLICATION**

*(If new establishment, application must be submitted at least 30 days before the planned opening date)*

**FEE: Depends on type of food establishment – Refer to your current permit or call the Health Department for fee amount**

1. Establishment Name:

Date:

2. Establishment Address

3. Establishment Mailing Address (if different)

4. Establishment Telephone #:

5. Applicant Name & Title:

6. Applicant Address:

7. Applicant Telephone No.:

24-Hour Emergency No.:

8. Owner Name & Title (if different from applicant):

9. Owner Address (if different from applicant):

**10. Establishment Owned By:**

☐ An Association; ☐ A Corporation; ☐ An individual

☐ A partnership; ☐ other legal entity \_\_\_\_\_

**11. If a corporation or partnership, give name, title, and home address of the officers or partner:**

Name

Title

Home Address

**12. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, Etc.)**

Name & Title:

Address:

Telephone No.:

Fax No.:

E-mail:

Emergency Telephone No.:

**13. District or Regional Supervisor (if applicable)**

Name & Title:

Address:

Telephone No.:

Fax No.:

E-mail:

**14. Water Source:**

DEP Public Water Supply No.: (if applicable)

**15. Sewage Disposal:**

**16. Days and Hours of Operation:**

**17. No. of Food Employees**

NAME OF ESTABLISHMENT: \_\_\_\_\_

**18. Name of Person in Charge – Certified in Food Protection Management** *(required as of 10/1/2001 in accordance with 105 CMR 590.003 (A) please attach copy of certificate):*

**19. Person Trained in Anti-Choking Procedures (if 25 seats or more: ☐Yes ☐No)**

NAME: \_\_\_\_\_

**20. Location: (check one)**

- ☐ Permanent Structure
- ☐ Mobile

**21. Length of Permit: (check one)**

- ☐ Annual
- ☐ Seasonal/Dates: \_\_\_\_\_
- ☐ Temporary/Dates/Time: \_\_\_\_\_

**22. Establishment Type (check all that apply):**

- ☐ Retail (\_\_\_\_\_square feet)
- ☐ Food Service – (\_\_\_\_\_seats)
- ☐ Food Service – Takeout
- ☐ Food Service – Institution (\_\_\_\_\_Meals per day)
- ☐ Caterer
- ☐ Food Delivery
- ☐ Residential Kitchen for Retail Sale
- ☐ Residential Kitchen for Bed and Breakfast Home
- ☐ Residential Kitchen for Bed and Breakfast Establishments
- ☐ Frozen Dessert Manufacturer
- ☐ Other (Describe)

**23. Food Operations (check all that apply) – DEFINITIONS:**

- **PHF – potential hazardous food (time/temperature controls required);**
- **Non-PHF's – non-potentially hazardous food (no time/temperature controls required);**
- **RTE – ready-to-eat foods (Ex.-sandwiches, salads, muffins, which need no further processing**
- ☐ Sale of Commercially Pre-Packaged Non-PHF's
- ☐ PHF Cooked to Order
- ☐ Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
- ☐ Sale of Commercially Pre-Packaged PHFs
- ☐ Preparation of PHFs for Hot and Cold Holding for Single Meal Service
- ☐ PHF and RTE Foods Prepared for Highly Susceptible Population Facility
- ☐ Delivery of Packaged PHFs
- ☐ Sale of Raw Animal Foods Intended to be prepared by Consumer
- ☐ Vacuum Packaging/Cook Chill
- ☐ Reheating of Commercially Processed Foods for Service within 4 hours
- ☐ Customer Self-Service
- ☐ Use of Process Requiring a Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
- ☐ Customer Self-Service of Non PHF and Non-Perishable Foods Only
- ☐ Ice Manufactured and Packaged for Retail Sale
- ☐ Offers Raw or Undercooked Food of Animal Origin
- ☐ Preparation of Non-PHF's
- ☐ Juice Manufactured and Packaged for Retail Sale
- ☐ Prepares Food/Single Meals for Catered Events of Institutional Food Service
- ☐ Offers RTE PHF in Bulk Quantities
- ☐ Retail Sale of Salvage, Out-of-Date or Reconditioned Food
- ☐ Other (Describe):

NAME OF ESTABLISHMENT: \_\_\_\_\_

**\*\*IF YOU DO NOT RENEW BY FEBRUARY 28<sup>TH</sup>, THE FEE WILL DOUBLE\*\***

***Please include copies of current Serve Safe/Allergen Training/Choke Saver Certifications***

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and Article X of the State Sanitary Code, and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of t 105 CMR 590.000 and the Federal Food Code.

24. **Signature of Applicant:** \_\_\_\_\_

Signature

\_\_\_\_\_  
Print Name

*Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid state taxes required under the law.*

25. **Social Security Number or Federal I.D.#:** \_\_\_\_\_

26. **Signature of Individual or Corporate Name:** \_\_\_\_\_

Signature

\_\_\_\_\_  
Print Name